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|   |   |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|---|---|---|----------------------------|---|----------------------------------|---------------------------------------|---------------------|-----------------|---------------------------------------|----------------------------|-----------|---------------------|-----------|---------------------|--------------|-------------------|---|-----------|---|------------------|----------|---|------------------------|------|--|-------|-----|---|-----|-------|----------------------------------|------------|--|--|-----------|---|---|---|--|--|--|--|--|--|--|--|--|--|-------|-------|--|--|--|--|-----------------|-----------------|---|---|--|--|--|--|--|--|-----------------|-----------------|------------|------------|------------|----|-----------|---------------------|-----------|---------------------|-----------|--|---|--|---|------------------|----|--------|------------------------|---|-------|----|---|------------------------------|---|-------|-----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|-----------------|---|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |                            | Application or Docket Number<br><b>10/673,390</b> | Filing Date<br><b>09/29/2003</b> | <input type="checkbox"/> To be Mailed |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">(Column 1)</td> <td style="width: 30%; text-align: center;">(Column 2)</td> <td style="width: 40%; text-align: center;">SMALL ENTITY <input type="checkbox"/></td> <td colspan="4" style="text-align: center;">OTHER THAN<br/>SMALL ENTITY</td> </tr> <tr> <td>FOR</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> <td rowspan="6" style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td rowspan="6" style="width: 10%; text-align: center; vertical-align: middle;">RATE (\$)</td> <td rowspan="6" style="width: 10%; text-align: center; vertical-align: middle;">FEE (\$)</td> <td rowspan="6" style="width: 10%; text-align: center; vertical-align: middle;">RATE (\$)</td> <td rowspan="6" style="width: 10%; text-align: center; vertical-align: middle;">FEE (\$)</td> </tr> <tr> <td><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td>minus 20 =</td> <td>*</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td>minus 3 =</td> <td>*</td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="5" style="text-align: center;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="5"></td> </tr> </table> <p style="margin-left: 20px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">TOTAL</td> <td style="width: 50%; text-align: right;">TOTAL</td> </tr> </table>  |   |   |                            |   |                                  |                                       | (Column 1)          | (Column 2)      | SMALL ENTITY <input type="checkbox"/> | OTHER THAN<br>SMALL ENTITY |           |                     |           | FOR                 | NUMBER FILED | NUMBER EXTRA      | OR  | RATE (\$) | FEE (\$)                                    | RATE (\$)        | FEE (\$) | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A                    | N/A  | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A   | N/A | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A | N/A   | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = | *  | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | * | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |  |  |  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |  |  |  |  | TOTAL | TOTAL |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/>     | OTHER THAN<br>SMALL ENTITY |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| FOR   | NUMBER FILED  | NUMBER EXTRA                              | OR                         | RATE (\$)   | FEE (\$)                         | RATE (\$)                             | FEE (\$)            |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A                                       |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A                                       |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A                                       |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
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| TOTAL   | TOTAL   |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| <b>APPLICATION AS AMENDED – PART II</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">(Column 1)</td> <td style="width: 30%; text-align: center;">(Column 2)</td> <td style="width: 40%; text-align: center;">(Column 3)</td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 10%; text-align: center; vertical-align: middle;">RATE (\$)</td> <td style="width: 10%; text-align: center; vertical-align: middle;">ADDITIONAL FEE (\$)</td> <td style="width: 10%; text-align: center; vertical-align: middle;">RATE (\$)</td> <td style="width: 10%; text-align: center; vertical-align: middle;">ADDITIONAL FEE (\$)</td> </tr> <tr> <td rowspan="6" style="width: 10%; text-align: center; vertical-align: middle;">AMENDMENT</td> <td><b>09/30/2008</b></td> <td>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td></td> <td>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td>PRESENT<br/>EXTRA</td> <td rowspan="6" style="width: 10%; 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| (Column 1)  | (Column 2)  | (Column 3)                                | OR                         | RATE (\$)   | ADDITIONAL FEE (\$)              | RATE (\$)                             | ADDITIONAL FEE (\$) |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| AMENDMENT   | <b>09/30/2008</b>   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | OR                                    | X \$ =              |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | Total (37 CFR 1.16(i))  | * 18                                      | Minus                      | ** 20   | = 0                              |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | Independent (37 CFR 1.16(h))  | * 3                                       | Minus                      | ***3  | = 0                              |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   |   |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   |   |   |                            | TOTAL ADD'L FEE                                   | TOTAL ADD'L FEE                  | 0                                     |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">TOTAL ADD'L FEE</td> <td style="width: 50%; text-align: right;">TOTAL ADD'L FEE</td> </tr> </table>   |   |   |                            |   |                                  |                                       | TOTAL ADD'L FEE     | TOTAL ADD'L FEE |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| TOTAL ADD'L FEE   | TOTAL ADD'L FEE   |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| (Column 1)  | (Column 2)  | (Column 3)                                | OR                         | RATE (\$)   | ADDITIONAL FEE (\$)              | RATE (\$)                             | ADDITIONAL FEE (\$) |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | OR                                    | X \$ =              |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | Total (37 CFR 1.16(i))  | *   | Minus                      | **  | =                                |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | Independent (37 CFR 1.16(h))  | *   | Minus                      | ***   | =                                |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   |   |   |                            |   |                                  |                                       |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |
|   |   |   |                            | TOTAL ADD'L FEE                                   | TOTAL ADD'L FEE                  | 0                                     |                     |                 |                                       |                            |           |                     |           |                     |              |                   |   |           |   |                  |          |   |                        |      |  |       |     |   |     |       |                                  |            |  |  |           |   |   |   |  |  |  |  |  |  |  |  |  |  |       |       |  |  |  |  |                 |                 |   |   |  |  |  |  |  |  |                 |                 |            |            |            |    |           |                     |           |                     |           |  |   |  |   |                  |    |        |                        |   |       |    |   |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |                 |   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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Legal Instrument Examiner:  
**/KELLY D. HARRIS/**